

COPY

## Schools and Libraries Universal Service Receipt of Service Confirmation Form

FCC Form 486: To be completed by the Billed Entity  
Please read instructions before completing.

Estimated Average Burden Hours For First Submission: 15.0 hours  
For Subsequent Submissions: 1.5 hours

Applicant's Form Identifier M O L F 4 8 6 Y 0 3

(Create your own code to identify THIS Form 486.)

Form 486 Application / 288342

To be inserted by Fund Administrator

### Block 1: Billed Entity Information

#### 1. Name of Billed Entity

M O L I N E U N I T S C H O O L D I S T R I C T 4 0

#### 2. Billed Entity Number

1 3 5 9 6 3

#### 3. Funding Year

2 0 0 3

#### 4. Complete Mailing Address of Billed Entity

Street Address, P.O. Box or Route Number

1 6 1 9 1 1 T H A V E

City

M O L I N E

State

Zip Code

I L 6 1 2 6 5 3 1 4 3

Telephone Number

Extension

Fax Number

3 0 9 7 3 6 2 1 0 0

3 0 9 7 5 7 3 4 7 6

Email Address

w e b m a s t e r @ m o l i n e . 1 t h 2 . k 1 2 . i l . u



Entity Number 135963

Applicant's Form Identifier MOLF486Y03

Contact Person Kim Hall

Phone Number (309) 743-8991

**5. Contact Person Information**

Contact Person Name

K i m H a l l

Street Address, P.O. Box or Route Number

1 6 1 9 1 1 T H A V E

City

M O L I N E

State Zip Code

I L 6 1 2 6 5 3 1 4 3

Check the box next to the preferred mode of contact. (At least one box **MUST** be checked.)

☒ Telephone Number

Extension

Fax Number

3 0 9 7 4 3 8 9 9 1 3 0 9 7 4 3 8 9 9 6

Email Address

**Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.**

**NOTICE:** The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the form will be used to inform the Schools and Libraries Division of the Universal Service Administrative Company that a billed entity, and/or the schools and libraries that it represents, has begun or has planned to begin to receive service after receiving a funding commitment approval pursuant to FCC Form 471.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or potential violation of an FCC statute, regulation, rule or order, your application may be referred to the federal, state, or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party in a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.

If you do not provide the information requested on the form, your application may be returned without action or your application may be delayed.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 15.0 hours for the first submission and 1.5 hours for subsequent submissions, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden, to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, D.C. 20554.



Entity Number	135963	Applicant's Form Identifier	MOLF486Y03
Contact Person	Kim Hall	Phone Number	(309) 743-8991

## Block 2: Early Filing Information and CIPA Waiver Requests

### 6a. Early Filing

CHECK THE BOX BELOW IF THE FRNS ON THIS FORM 486 ARE FOR SERVICES STARTING *ON OR BEFORE* JULY 31 OF THE FUNDING YEAR.

The Funding Requests listed in Block 3 have been approved by SLD as shown in my Funding Commitment Decision Letter (FCDL). I have confirmed with the service provider(s) featured in those Funding Requests that these services will start on or before July 31 of the Funding Year.

**Remember:** Early filing using Item 6a is an option if and **ONLY** if services will start within the month of July of the relevant Funding Year, all relevant certifications in Block 4 can be accurately made, and the Form 486 is postmarked on or before July 31 of the Funding Year.

### 6b. CIPA Waiver

CHECK THE BOX BELOW IF YOU ARE REQUESTING A WAIVER OF CIPA REQUIREMENTS FOR THE SECOND FUNDING YEAR AFTER APRIL 20, 2001 IN WHICH YOU HAVE APPLIED FOR DISCOUNTS IF YOU AS THE BILLED ENTITY ARE THE ADMINISTRATIVE AUTHORITY.

I am providing notification that, as of the date of the start of discounted services, I am unable to make the certifications required by the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), because my state or local procurement rules or regulations or competitive bidding requirements prevent the making of the certification(s) otherwise required. I certify that the schools or libraries represented in the Funding Request Number(s) on this Form 486 will be brought into compliance with the CIPA requirements before the start of the Third Funding Year after April 20, 2001 in which they apply for discounts.

### 6c. CIPA Waiver for Libraries for Funding Year 2004

CHECK THE BOX BELOW IF YOU ARE REQUESTING A WAIVER OF CIPA REQUIREMENTS FOR FUNDING YEAR 2004 IF YOU AS THE BILLED ENTITY ARE THE ADMINISTRATIVE AUTHORITY FOR THE LIBRARY(IES) REPRESENTED ON THIS FORM 486.

I am providing notification that, as of the date of the start of discounted services in Funding Year 2004, I am unable to make the certifications required by the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), because my state or local procurement rules or regulations or competitive bidding requirements prevent the making of the certification(s) otherwise required. I certify that the libraries represented in the Funding Request Number(s) on this Form 486 will be brought into compliance with the CIPA requirements before the start of the Funding Year 2005.



<b>Entity Number</b> <u>135963</u>	<b>Applicant's Form Identifier</b> <u>MOLF486Y03</u>
<b>Contact Person</b> <u>Kim Hall</u>	<b>Phone Number</b> <u>(309) 743-8991</u>

### Block 3: Service Information

7. Please provide the following information for each Form 471 Block 5 (Discount Funding Request) item for which the Billed Entity is indicating that the named service provider may begin submitting invoices to SLD. You will need your FCDL for some of the information required below.

Remember: The FRNs listed below must be from the same Funding Year as is listed in Block 1, Item 3.

If you need additional pages, please label them 4A, 4B, 4C, etc. and indicate the number in the space provided here: Page 4 <sup>A</sup>

	(A) 471 Application Number From FCDL	(B) Funding Request Number (FRN) From FCDL	(C) Billing Account Number (if contained on your FCDL)	(D) Service Provider Name From FCDL	(E) Service Provider Identification Number (SPIN) From FCDL	(F) Funding Year Service Start Date* (Earliest Date that Discounts Will Begin) (*Cannot be before July 1 of the Funding Year for which you are requesting discounts.)
1	3 5 6 4 3 7	9 9 2 8 2 9	50659	McLeod USA Teleco	1 4 3 0 0 0 0 7 4	0 7 0 1 2 0 0 3
2	3 5 6 4 3 7	9 9 4 3 1 5	309-736-2100	SBC Illinois	1 4 3 0 0 1 9 1 2	0 7 0 1 2 0 0 3
3	3 5 6 4 3 7	1 0 0 4 9 4 8	309R26-3957957	Ameritech-Illinois (a	1 4 3 0 0 1 9 1 2	0 7 0 1 2 0 0 3
4	3 5 6 4 3 7	9 9 4 7 2 8	309-736-2100	SBC Illinois	1 4 3 0 0 1 9 1 2	0 7 0 1 2 0 0 3
5	3 5 6 4 3 7	9 9 1 8 7 5	309-799-5148	SBC Illinois	1 4 3 0 0 1 9 1 2	0 7 0 1 2 0 0 3
6	3 5 6 4 3 7	9 9 1 9 2 8	309-799-3139	Ameritech-Illinois (a	1 4 3 0 0 1 9 1 2	0 7 0 1 2 0 0 3
7	3 5 6 4 3 7	9 9 1 9 6 7	309-796-0680	Ameritech-Illinois (a	1 4 3 0 0 1 9 1 2	0 7 0 1 2 0 0 3
8	3 5 6 4 3 7	9 9 2 8 8 6	309-736-2100	Ameritech-Illinois (a	1 4 3 0 0 1 9 1 2	0 7 0 1 2 0 0 3



Entity Number	135963	Applicant's Form Identifier	MOLF486Y03
Contact Person	Kim Hall	Phone Number	(309) 743-8991

#### Block 4: Certifications and Signature

8. I certify that the technology plan(s) for the services received as indicated on this Form 486 have been approved as necessary. Fill in the name(s) of the organization(s) that reviewed and approved a technology plan for any eligible entity that is receiving services covered under this form; attach an additional list if necessary. If ALL of the FRNs listed herein are for basic telephone service only, write in "none" here.

A r e a 2 L e a r n i n g T e c h n o l o g y C e n  
t e r - - I l l i n o i s S t a t e B o a r d o f  
E d u c a t i o n

9. I certify that the services listed on this Form 486 have been, are planned to be, or are being provided to all or some of the eligible entities identified in the Form 471 application(s) cited above. I certify that there are signed contracts covering all of the services listed on this Form 486 except for those services provided under tariff or month-to-month arrangements. I certify that I am authorized to submit this receipt of service confirmation on behalf of the above-named Billed Entity, that I have examined this request, and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

10. I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the services receive an appropriate share of benefits from those services. I recognize that I may be audited pursuant to this application and will retain for five years any and all records, including Forms 479 where required, that I rely upon to complete this form and, if audited, will make available to the Administrator such records.

#### NOTES FOR COMPLETING THE CERTIFICATIONS IN ITEM 11

A Billed Entity who is the Administrative Authority must check Item 11a or 11b or 11c. Check only ONE item. If the Billed Entity is not the Administrative Authority, skip to Item 11d.

A Billed Entity who represents one or more Administrative Authorities must check Item 11d or 11e. (See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities.")

A Billed Entity who represents one or more Administrative Authorities in Funding Years after Funding Year 2001 and who checks Item 11d must check Item 11f or 11g. (See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities.")

IF THIS FORM PERTAINS TO A FUNDING YEAR PRIOR TO FUNDING YEAR 2001 (THE FUNDING YEAR BEGINNING JULY 1, 2001), SKIP TO ITEM 12.



Entity Number	135963	Applicant's Form Identifier	MOLF486Y03
Contact Person	Kim Hall	Phone Number	(309) 743-8991

**11. FOR A BILLED ENTITY WHO IS THE ADMINISTRATIVE AUTHORITY:**

I certify that as of the date of the start of discounted services:

- a. ☒ the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 has (have) complied with the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l).
- b. pursuant to the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), the recipient(s) of service represented in the Funding Request Number(s) on this Form 486:

(FOR SCHOOLS and FOR LIBRARIES IN THE FIRST FUNDING YEAR FOR PURPOSES OF CIPA) is (are) undertaking such actions, including any necessary procurement procedures, to comply with the requirements of CIPA for the next funding year, but has (have) not completed all requirements of CIPA for this funding year.

(FOR FUNDING YEAR 2003 ONLY: FOR LIBRARIES IN THE SECOND OR THIRD FUNDING YEAR FOR PURPOSES OF CIPA) is (are) in compliance with the requirements of CIPA under 47 U.S.C. § 254(l) and undertaking such actions, including any necessary procurement procedures, to comply with the requirements of CIPA under 47 U.S.C. § 254(h) for the next funding year.

- c. the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), does not apply because the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 is (are) receiving discount services only for telecommunications services.

**FOR A BILLED ENTITY WHO REPRESENTS ONE OR MORE ADMINISTRATIVE AUTHORITIES<sup>1</sup>:**

- d. I certify as the Billed Entity for the consortium that I have collected duly completed and signed Forms 479 from all eligible members of the consortium.
- e. I certify as the Billed Entity for the consortium that the only services that have been approved for discounts under the universal service support mechanism on behalf of eligible members of the consortium are telecommunications services, and therefore the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), do not apply.

**For Funding Years after Funding Year 2001: If you checked Item 11d above, check ONE of the boxes below:**

- f. I certify that some or all of the eligible consortium members checked Form 479 Item 6d or Item 6e to seek a CIPA Waiver, and upon request from the Administrator I can provide this information; OR
- g. I certify that no eligible consortium members checked Form 479 Item 6d or Item 6e to seek a CIPA Waiver.

The certification language above is not intended to fully set forth or explain all the requirements of the statute.

<sup>1</sup> See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities."



Entity Number 135963

Applicant's Form Identifier MOLF486Y03

Contact Person Kim Hall

Phone Number (309) 743-8991

I certify that I am authorized to submit this receipt of service confirmation on behalf of the above-named Billed Entity, that I have examined this request, and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

12. Signature of authorized person

13. Date

*Cal Lee*

07232004

14. Printed name of authorized person

D r . C a l L e e

15. Title or position of authorized person

S u p e r i n t e n d e n t

16a. Street Address, P.O. Box, or Route Number

1 6 1 9 1 1 t h A v e

City

M o l i n e

State

Zip Code

I L

6 1 2 6 5

16b. Telephone number of authorized person

Extension

16c. Fax number of authorized person

3 0 9 7 4 3 8 1 0 2

3 0 9 7 4 3 8 9 9 6

16d. Email address of authorized person

Please submit this form to:

SLD-Form 486

P. O. Box 7026

Lawrence, Kansas 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, send this form to:

SLD-Form 486

c/o Ms. Smith

3833 Greenway Drive

Lawrence, Kansas 66046

888-203-8100



# USAC

**COPY**  
Universal Service Administrative Company  
Schools & Libraries Division

Form 472 (BEAR Form) Notification Letter

RECEIVED

June 18, 2004

JUN 24 2004

INFORMATION SYSTEMS  
DEPARTMENT

JUN 24 2004

BOARD OF EDUCATION

SBC Illinois  
Mary Ann Imburgia  
SBC E-Rate Center, 444 Michigan Avenue  
2nd Floor  
Detroit, MI 48226

Re: Form 472 Invoice Number: 451022  
Service Provider Identification Number: 143001912  
Applicant Form 472 Identifier: 2003-472-01  
Billed Entity Number: 135963

MOLINE UNIT SCHOOL DISTRICT 40  
JAMES A. GISEBURT  
1619 11TH AVE  
MOLINE, IL 61265

Preferred Mode of Contact: E-mail at giseburt@moline.1th2.k12.il.us  
Total Amount of Reimbursement Approved for Payment: \$0.00

This letter is to notify you that the Schools and Libraries Division (SLD) of the Universal Service Administrative Company (USAC) has received and accepted a Form 472 from the above named applicant listing you as the service provider. The SLD has committed to reimburse the discounted portion of the cost of eligible services provided to eligible entities pursuant to one or more Forms 471. As stated in the Form 486 Notification Letter sent to you previously, the applicant has filed a Form 486 advising the SLD that service delivery has begun. The applicant has completed this Form 472 with your assistance, seeking reimbursement of the discounted portion of bills already paid in full to you since the effective date of the discount.

The SLD has processed the Form 472. Pursuant to the Service Provider Acknowledgment page of the Form 472 which you signed, you must remit to the applicant the amount shown as "Total Amount of Reimbursement Approved for Payment" above, no later than 10 calendar days after receipt of payment of the approved discounts from USAC. You also agreed not to tender or make use of the payment of the approved discounts issued by USAC to you prior to remitting the discount to the applicant.

The USAC check should be mailed to the service provider named above within 20 calendar days of the date of this letter.

To reimburse the "Total Amount of Reimbursement Approved for Payment," to the applicant, the service provider may (1) issue a check or (2) issue a credit to the applicant. The decision as to which form the reimbursement should take should be a mutual one between the service provider and the applicant.

The maximum remaining amount available for each Funding Request Number (FRN) listed on the synopsis on the following page(s) will be the original commitment less the amount approved herein for reimbursement and less any earlier disbursements to the applicant.

PLEASE NOTE: Beginning with Funding Year 2000 (07/01/2000 - 06/30/2001), if the first payment request processed for an FRN is on a Form 472, all subsequent payment requests for that FRN must be made on a Form 472; a Form 474 (Service Provider Invoice Form) for that FRN will not be accepted.



EXPLANATION OF INFORMATION PROVIDED IN THIS FORM 472 (BEAR FORM) NOTIFICATION LETTER

To help understand the Form 472 Notification Letter Applicant Reimbursement Synopsis the following definitions are provided.

**Funding Request Number (ERN):** A Funding Request Number is assigned by the SLD to each Block 5 of a Form 471 once an application has been processed. This number is used to report to applicants and service providers the status of individual discount funding requests submitted on a Form 471.

**471 Application Number:** A unique identifier assigned to a Form 471 by the SLD, from page 1 of the Form 471.

**Funding Year:** The funding year for which discounts have been approved. Funding years begin on July 1 and end on the following June 30. Funding years are designated by the calendar year in which they begin.

**Contract Number:** The contract or agreement number as identified in Block 5, Item 15 of the Form 471.

**Funding Commitment Decision:** This represents the TOTAL amount of funding that the SLD has reserved to reimburse the cost of the discounts for this service for the specified funding year.

**Reimbursement Amount for this ERN:** This is the amount of reimbursement to the applicant that has been approved for this ERN on this Form 472.

**Reimbursement Request Decision Explanation (SHOWN ONLY IF RELEVANT):** This is the reason(s) that a Reimbursement Request was reduced or rejected.

Schools and Libraries Division  
Universal Service Administrative Company  
CC: MOLINE UNIT SCHOOL DISTRICT 40

FORM 472 NOTIFICATION LETTER APPLICANT REIMBURSEMENT SYNOPSIS

Funding Request Number: 994315  
471 Application Number: 356437  
Funding Year : 07/01/2003 - 06/30/2004  
Contract Number: 20011219-0186  
Funding Commitment Decision: \$27536.40  
Reimbursement Amount for this FRN: \$0.00  
Reimbursement Request Decision Explanation:  
486 with Service Start Date never filed;

---

Funding Request Number: 1004948  
471 Application Number: 356437  
Funding Year : 07/01/2003 - 06/30/2004  
Contract Number: 200208200177  
Funding Commitment Decision: \$12559.88  
Reimbursement Amount for this FRN: \$0.00  
Reimbursement Request Decision Explanation:  
486 with Service Start Date never filed;

---

Funding Request Number: 994728  
471 Application Number: 356437  
Funding Year : 07/01/2003 - 06/30/2004  
Contract Number: 19980406-0012  
Funding Commitment Decision: \$11646.33  
Reimbursement Amount for this FRN: \$0.00  
Reimbursement Request Decision Explanation:  
486 with Service Start Date never filed;

---

Funding Request Number: 991875  
471 Application Number: 356437  
Funding Year : 07/01/2003 - 06/30/2004  
Contract Number: T  
Funding Commitment Decision: \$1581.60  
Reimbursement Amount for this FRN: \$0.00  
Reimbursement Request Decision Explanation:  
486 with Service Start Date never filed;

---

Funding Request Number: 991928  
471 Application Number: 356437  
Funding Year : 07/01/2003 - 06/30/2004  
Contract Number: T  
Funding Commitment Decision: \$1264.18  
Reimbursement Amount for this FRN: \$0.00  
Reimbursement Request Decision Explanation:  
486 with Service Start Date never filed;

---

FORM 472 NOTIFICATION LETTER APPLICANT REIMBURSEMENT SYNOPSIS

Funding Request Number: 991967  
471 Application Number: 356437  
Funding Year : 07/01/2003 - 06/30/2004  
Contract Number: T  
Funding Commitment Decision: \$1548.77  
Reimbursement Amount for this FRN: \$0.00  
Reimbursement Request Decision Explanation:  
486 with Service Start Date never filed;

---

# USAC

**Universal Service Administrative Company**  
Schools & Libraries Division

# COPY

**Form 472 (BEAR Form) Notification Letter**

June 18, 2004

RECEIVED

JUN 24 2004

JUN 24 2004

McLeod USA Telecommunications  
Kristi Long  
6400 C. Street SW  
P.O. Box 3177  
Cedar Rapids, IA 52404

BOARD OF EDUCATION

Re: Form 472 Invoice Number: 450089  
Service Provider Identification Number: 143000074  
Applicant Form 472 Identifier: 2003-472-02  
Billed Entity Number: 135963

MOLINE UNIT SCHOOL DISTRICT 40  
JAMES A. GISEBURT  
1619 11TH AVE  
MOLINE, IL 61265

Preferred Mode of Contact: E-mail at giseburt@moline.lth2.k12.il.us  
Total Amount of Reimbursement Approved for Payment: \$0.00

This letter is to notify you that the Schools and Libraries Division (SLD) of the Universal Service Administrative Company (USAC) has received and accepted a Form 472 from the above named applicant listing you as the service provider. The SLD has committed to reimburse the discounted portion of the cost of eligible services provided to eligible entities pursuant to one or more Forms 471. As stated in the Form 486 Notification Letter sent to you previously, the applicant has filed a Form 486 advising the SLD that service delivery has begun. The applicant has completed this Form 472 with your assistance, seeking reimbursement of the discounted portion of bills already paid in full to you since the effective date of the discount.

The SLD has processed the Form 472. Pursuant to the Service Provider Acknowledgment page of the Form 472 which you signed, you must remit to the applicant the amount shown as "Total Amount of Reimbursement Approved for Payment" above, no later than 10 calendar days after receipt of payment of the approved discounts from USAC. You also agreed not to tender or make use of the payment of the approved discounts issued by USAC to you prior to remitting the discount to the applicant.

The USAC check should be mailed to the service provider named above within 20 calendar days of the date of this letter.

To reimburse the "Total Amount of Reimbursement Approved for Payment," to the applicant, the service provider may (1) issue a check or (2) issue a credit to the applicant. The decision as to which form the reimbursement should take should be a mutual one between the service provider and the applicant.

The maximum remaining amount available for each Funding Request Number (FRN) listed on the synopsis on the following page(s) will be the original commitment less the amount approved herein for reimbursement and less any earlier disbursements to the applicant.

PLEASE NOTE: Beginning with Funding Year 2000 (07/01/2000 - 06/30/2001), if the first payment request processed for an FRN is on a Form 472, all subsequent payment requests for that FRN must be made on a Form 472; a Form 474 (Service Provider Invoice Form) for that FRN will not be accepted.

**EXPLANATION OF INFORMATION PROVIDED IN THIS FORM 472 (BEAR FORM) NOTIFICATION LETTER**

To help understand the Form 472 Notification Letter Applicant Reimbursement Synopsis the following definitions are provided.

**Funding Request Number (FRN):** A Funding Request Number is assigned by the SLD to each Block 5 of a Form 471 once an application has been processed. This number is used to report to applicants and service providers the status of individual discount funding requests submitted on a Form 471.

**471 Application Number:** A unique identifier assigned to a Form 471 by the SLD, from page 1 of the Form 471.

**Funding Year:** The funding year for which discounts have been approved. Funding years begin on July 1 and end on the following June 30. Funding years are designated by the calendar year in which they begin.

**Contract Number:** The contract or agreement number as identified in Block 5, Item 15 of the Form 471.

**Funding Commitment Decision:** This represents the TOTAL amount of funding that the SLD has reserved to reimburse the cost of the discounts for this service for the specified funding year.

**Reimbursement Amount for this FRN:** This is the amount of reimbursement to the applicant that has been approved for this FRN on this Form 472.

**Reimbursement Request Decision Explanation (SHOWN ONLY IF RELEVANT):** This is the reason(s) that a Reimbursement Request was reduced or rejected.

Schools and Libraries Division  
Universal Service Administrative Company  
CC: MOLINE UNIT SCHOOL DISTRICT 40

FORM 472 NOTIFICATION LETTER APPLICANT REIMBURSEMENT SYNOPSIS

Funding Request Number: 992829  
471 Application Number: 356437  
Funding Year : 07/01/2003 - 06/30/2004  
Contract Number: 50659  
Funding Commitment Decision: \$40132.81  
Reimbursement Amount for this FRN: \$0.00  
Reimbursement Request Decision Explanation:  
486 with Service Start Date never filed;

---



**MOLINE  
SCHOOL DISTRICT NO. 40**

1619 Eleventh Avenue, Moline, Illinois 61265-3198 309/736-2100 Fax 309/757-3476

March 9, 2004

SLC-BEAR Form  
C/o Ms. Smith  
3833 Greenway Dr.  
Lawrence, KS 66046

Dear Ms. Smith:

In re: Transmittal of Universal Service for School and Libraries Billed Entity  
Applicant Reimbursement (Form 472), Billed Entity #135963

The attached Billed Entity Applicant Reimbursement Form 472 has been signed on page three (3) by Dr. Cal Lee, Superintendent of Schools and on page four (4) by Ameritech under Block 4: Service Provider Acknowledgement.

Attached please the following

FCC Form 472 Billed Entity Applicant Reimbursement Form	
471 Billed Entity Applicant Name:	Moline Unit School District 40
471 Billed Entity Applicant Number:	135963
Service Provider Identification Number:	143000074
Reimbursement Form Number:	2003-472-01
Reimbursement Amount:	\$31,334.53

If you need additional information or further clarification, please call me at 309-743-8109.

Very truly yours,

Terry N. Kramer  
Comptroller

TNK/lah

Attachments

Cc: James A. Giseburt, Information Systems Manager

**Universal Service for Schools and Libraries**

Please read instructions before completing.

Estimated Average Burden Hours Per Response: 1.5 hours  
(To be completed by schools, libraries, or consortia.)**BILLED ENTITY APPLICANT REIMBURSEMENT FORM**

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Only one Service Provider Identification Number (SPIN) per form.

Must be completed and signed by the Billed Entity Applicant and signed by the relevant service provider.

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

NOTICE TO INDIVIDUALS: Section 69.619 of the Federal Communications Commission's rules requires the fund administrator to review bills for services and to determine the amount of universal service support to be disbursed to service providers. All schools and libraries and consortia of these entities who have received a Funding Commitment Decisions Letter from the fund administrator and that have paid for in full the price of eligible services which are approved for discounts, and that seek reimbursement of the discounts, must file this Billed Entity Applicant Reimbursement Form. This Billed Entity Applicant Reimbursement Form informs the fund administrator of the amount of the discounts which the applicant has already paid and for which the applicant seeks reimbursement from its service provider. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47 U.S.C. § 254.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this form. We will use the information you provide to determine whether approving this form is in the public interest. If we believe there may be a violation or potential violation of a FCC statute, regulation, rule or order, your form may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your form may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party in a proceeding before the body or has an interest in the proceeding.

If you owe a past due debt to the federal government, the taxpayer identification number and other information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide this information to these agencies through the matching of computer records when authorized. If you do not provide the information requested on the form, your form may be returned without action or your form may be delayed. The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, *et seq.*

Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden, to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, D.C. 20554.

**BLOCK 1: HEADER INFORMATION**

1. **471 Billed Entity Applicant Name** (30 characters maximum) Moline Unit School District 40
2. **471 Billed Entity Applicant Number** (10 digits maximum) 135963
3. **Service Provider Identification Number (SPIN)** (9 digits maximum) 143001912
4. **Contact Name** (30 characters maximum) James A. Giseburt
5. **Contact Telephone Number** (14 digits maximum) (309) 743-8990
6. **Reimbursement Form Number** (assigned by Billed Entity Applicant--25 characters maximum) 2003-472-01
7. **Reimbursement Form Date to SLC** (mm/dd/yyyy) 03/02/2004
8. **Total Reimbursement Amount** (total of Block 2, Item 15 -- 14.2 digits maximum) 31,334.53



## Billed Entity Applicant Reimbursement Form

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

471 Billed Entity Applicant Name Moline Unit School District 40 471 Billed Entity Applicant Number 135963 Contact Name James A. Giseburt  
 Contact Telephone Number (309) 743-8990 Reimbursement Form Number 2003-472-01

### BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER

	(9)	(10)	(11)	(12)	(13)	(14)	(15)
	FCC Form 471 Application Number (10 digits) (from Funding Commitment Decisions Letter)	Funding Request Number (FRN) (10 digits) (from Funding Commitment Decisions Letter)	Bill Frequency	Customer Billed Date (mm/yyyy)	Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	Total (Undiscounted) Amount for Service (14.2 digits max.)	Discount Amount Billed to SLC (14.2 digits max.)
			DO NOT WRITE IN THIS COLUMN.	For each FRN, complete either Column (12) or Column (13), but not both Columns		14.2 digits allows for dollars and cents	
1	356437	994315		07/2003		29,655.08	16,903.40
2	356437	1004948		07/2003		29,589.11	12,559.88
3	356437	994728		07/2003		752.86	429.13
4	356437	991875		07/2003		436.61	349.29
5	356437	991928		07/2003		329.14	197.48
6	356437	991967		07/2003		1,119.19	895.35
7							
8							
9							
10							
11							
12							
13							
14							
TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (8)							31,334.53

# BILLED ENTITY APPLICANT Reimbursement Form

471 Billed Entity Applicant Name Moline Unit School District 40

471 Billed Entity Applicant Number 135963

Contact Person Name James A. Giseburt

Contact Telephone Number (309) 743-8990


Reimbursement Form Number 2003-472-01

## Block 3: Billed Entity Applicant Certification

I certify that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and certify to the best of my knowledge, information and belief, as follows:

- A. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the actual service start date reported on the associated Form 486.
- B. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Form 471 Funding Commitment Decisions Letter.
- D. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in this form.

16. Signature of authorized person (original ink signature required)



17. Date (required)

03/02/2004

18. Printed name of authorized person (required)

Dr. Cal Lee

19. Title or position of authorized person (required)

Superintendent of Schools

20. Telephone number of authorized person (required)

(309) 743-8101

21. Address of authorized person (required)

1619 11th Ave., Moline, IL 61265

**BILLED ENTITY APPLICANT Reimbursement Form**

71 Billed Entity Applicant Name Moline Unit School District 40

71 Billed Entity Applicant Number 135963

Contact Person Name James A. Giseburt

Contact Telephone Number (309) 743-8990

Reimbursement Form Number 2003-472-01

**Block 4: Service Provider Acknowledgment**

I certify that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:

1. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 10 calendar days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
2. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.

22. Signature of authorized person (fax, copy or original signature)

*Mary Ann Imburgia*

23. Date (required)

*March 9, 2004*

24. Printed name of authorized person (required)

Mary Ann Imburgia

25. Title or position of authorized person (required)

Area Manager

26. Telephone number of authorized person (required)

(877) 444-6944

27. Address of authorized person (required)

444 Michigan Ave., Detroit, Michigan 48226

Page 4 of 4 pages

FCC Form 472 - October 1998

A paper copy of this Form (pages 1-4) should be mailed to:

SLC-BEAR Form  
P. O. Box 7026  
Lawrence, KS 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form (pages 1-4) should be mailed to:

SLC-BEAR Form  
c/o Ms. Smith  
3833 Greenway Drive  
Lawrence, KS 66046

**SENDER: COMPLETE THIS SECTION**

1. Complete name, address, and city, state, and zip code.  
 2. If insured, the delivery is insured.  
 3. Put your name and address on the inside so return can reach you and to you.  
 4. Attach this card to the back of the envelope.  
 5. Put the mail in special container.

6. Attach Addressed to:  
 GEN. BEAR FROM  
 1000 S. 10th  
 N. 10th Street, D.C.  
 Lawrence 15 80010

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 REACTION 10/17/77  
 MAIL ADDRESS  
 B. Postmark (Date and Time)

C. In delivery by special delivery (if yes) (if no)  
 D. With a return address (if yes) (if no)

A. Registered Mail  
 B. Certified Mail  
 C. Registered Mail  
 D. Registered Mail  
 E. Registered Mail  
 F. Registered Mail  
 G. Registered Mail  
 H. Registered Mail  
 I. Registered Mail  
 J. Registered Mail  
 K. Registered Mail  
 L. Registered Mail  
 M. Registered Mail  
 N. Registered Mail  
 O. Registered Mail  
 P. Registered Mail  
 Q. Registered Mail  
 R. Registered Mail  
 S. Registered Mail  
 T. Registered Mail  
 U. Registered Mail  
 V. Registered Mail  
 W. Registered Mail  
 X. Registered Mail  
 Y. Registered Mail  
 Z. Registered Mail

5 7002 2410 0001 2760 0620



**MOLINE  
SCHOOL DISTRICT NO. 40**

1619 Eleventh Avenue, Moline, Illinois 61265-3198 309/736-2100 Fax 309/757-3476

March 4, 2004

SLC-BEAR Form  
C/o Ms. Smith  
3833 Greenway Dr.  
Lawrence, KS 66046

Dear Ms. Smith:

In re: Transmittal of Universal Service for School and Libraries Billed Entity  
Applicant Reimbursement (Form 472), Billed Entity #135963

The attached Billed Entity Applicant Reimbursement Form 472 has been signed on  
page three (3) by Dr. Cal Lee, Superintendent of Schools and on page four (4) by McLeod  
under Block 4: Service Provider Acknowledgement.

Attached please the following

FCC Form 472 Billed Entity Applicant Reimbursement Form	
471 Billed Entity Applicant Name:	Moline Unit School District 40
471 Billed Entity Applicant Number:	135963
Service Provider Identification Number:	143000074
Reimbursement Form Number:	2003-472-02
Reimbursement Amount:	\$9,852.16

If you need additional information or further clarification, please call me at 309-743-  
8109.

Very truly yours,

Terry N. Kramer  
Comptroller

TNK/lah

Attachments

Cc: James A. Giseburt, Information Systems Manager

Do not write in this space.

Approval by OMB

3060 - 0856

## Universal Service for Schools and Libraries

Please read instructions before completing.

Estimated Average Burden Hours Per Response: 1.5 hours  
(To be completed by schools, libraries, or consortia.)

### BILLED ENTITY APPLICANT REIMBURSEMENT FORM

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Only one Service Provider Identification Number (SPIN) per form.

Must be completed and signed by the Billed Entity Applicant and signed by the relevant service provider.

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

NOTICE TO INDIVIDUALS: Section 69.619 of the Federal Communications Commission's rules requires the fund administrator to review bills for services and to determine the amount of universal service support to be disbursed to service providers. All schools and libraries and consortia of these entities who have received a Funding Commitment Decisions Letter from the fund administrator and that have paid for in full the price of eligible services which are approved for discounts, and that seek reimbursement of the discounts, must file this Billed Entity Applicant Reimbursement Form. This Billed Entity Applicant Reimbursement Form informs the fund administrator of the amount of the discounts which the applicant has already paid and for which the applicant seeks reimbursement from its service provider. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47 U.S.C. § 254.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this form. We will use the information you provide to determine whether approving this form is in the public interest. If we believe there may be a violation or potential violation of a FCC statute, regulation, rule or order, your form may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your form may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party in a proceeding before the body or has an interest in the proceeding.

If you owe a past due debt to the federal government, the taxpayer identification number and other information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide this information to these agencies through the matching of computer records when authorized. If you do not provide the information requested on the form, your form may be returned without action or your form may be delayed. The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, *et seq.*

Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden, to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, D.C. 20554.

#### BLOCK 1: HEADER INFORMATION

1. 471 Billed Entity Applicant Name (30 characters maximum) Moline Unit School District 40
2. 471 Billed Entity Applicant Number (10 digits maximum) 135963
3. Service Provider Identification Number (SPIN) (9 digits maximum) 143000074
4. Contact Name (30 characters maximum) James A. Giseburt
5. Contact Telephone Number (14 digits maximum) (309) 743-8990
6. Reimbursement Form Number (assigned by Billed Entity Applicant--25 characters maximum) 2003-472-02
7. Reimbursement Form Date to SLC (mm/dd/yyyy) 03/02/2004
8. Total Reimbursement Amount (total of Block 2, Item 15 -- 14.2 digits maximum) 9,852.16

# Billed Entity Applicant Reimbursement Form

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

471 Billed Entity Applicant Name Moline Unit School District 40 471 Billed Entity Applicant Number 135963 Contact Name James A. Giseburt

Contact Telephone Number (309) 743-8990 Reimbursement Form Number 2003-472-02

## BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER

	(9)	(10)	(11)	(12)	(13)	(14)	(15)
	FCC Form 471 Application Number (10 digits) (from Funding Commitment Decisions Letter)	Funding Request Number (FRN) (10 digits) (from Funding Commitment Decisions Letter)	Bill Frequency	Customer Billed Date (mm/yyyy)	Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	Total (Undiscounted) Amount for Service (14.2 digits max.)	Discount Amount Billed to SLC (14.2 digits max.)
			DO NOT WRITE IN THIS COLUMN.	For each FRN, complete either Column (12) or Column (13), but not both Columns		14.2 digits allows for dollars and cents	
1	356437	992829		07/2003		17,284.49	9,852.16
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (8)							9,852.16

# BILLED ENTITY APPLICANT Reimbursement Form

471 Billed Entity Applicant Name Moline Unit School District 40

471 Billed Entity Applicant Number 135963

Contact Person Name James A. Giseburt

Contact Telephone Number (309) 743-8990

Reimbursement Form Number 2003-472-02

## Block 3: Billed Entity Applicant Certification

I certify that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and certify to the best of my knowledge, information and belief, as follows:

- A. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the actual service start date reported on the associated Form 486.
- B. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Form 471 Funding Commitment Decisions Letter.
- D. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in this form.

16. Signature of authorized person (original ink signature required)

17. Date (required) 03/02/2004

18. Printed name of authorized person (required)

Dr. Cal Lee

19. Title or position of authorized person (required)

Superintendent of Schools

20. Telephone number of authorized person (required)

(309) 743-8101

21. Address of authorized person (required)

1619 11th Ave., Moline, IL 61265



309-757-3476

**BILLED ENTITY APPLICANT Reimbursement Form**

471 Billed Entity Applicant Name Moline Unit School District 40

471 Billed Entity Applicant Number 135963

Contact Person Name James A. Giseburt

Contact Telephone Number (309) 743-8990

Reimbursement Form Number 2003-472-02

**Block 4: Service Provider Acknowledgment**

I certify that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:

- A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 10 calendar days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
- B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form. ☒

22. Signature of authorized person (fax, copy or original signature) <i>Kristi Long</i>	23. Date (required) <i>3-3-04</i>
24. Printed name of authorized person (required) <i>Kristi Long</i>	25. Title or position of authorized person (required) <i>Analyst</i>
26. Telephone number of authorized person (required) <i>319-790-6164</i>	
27. Address of authorized person (required) <i>6400 C Street SW Cedar Rapids IA 52404</i>	

Page 4 of 4 pages

FCC Form 472 - October 1998

A paper copy of this Form (pages 1-4) should be mailed to:

SLC-BEAR Form  
P. O. Box 7026  
Lawrence, KS 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form (pages 1-4) should be mailed to:

SLC-BEAR Form  
c/o Ms. Smith  
3833 Greenway Drive  
Lawrence, KS 66048